FY'05 McKinney Emergency Shelter Grants Program - Application

The following packet (Pages 1-6) will serve as the application for the FY'05 ESGP. Be advised, this form must be completed for EACH facility for which assistance is requested. Therefore if the agency operates two distinct facilities for which it is requesting assistance, the packet must be completed twice. However, if the agency is requesting two activities (services and operating) at a single facility, complete the packet only once. Do not confuse this ESGP form/process with the McKinney Renewal Site Visit Form. Questions/help in completing this application can be obtained by calling 222-4411. Due 4/25/05! Michael Tondra

Program Information

Agency Name:

Type of Program (TH, ES, SSO):

Program Location(s) (City/Town):

Hours of Business:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Facility Information

Number of Permanent Beds:
(Do not include Bunks/Cribs in this count)

Number of Units:
(if applicable)

SRO	
1 Bedroom Unit(s)	
2 Bedroom Unit(s)	
3 Bedroom+ Unit(s)	

AVERAGE Number Served per Day/Night:

TOTAL Number Served in 2004:

Are facilities --   **OWNED**   **LEASED**

(Circle One)

Population Served

Use the following codes to describe the types of homeless beneficiaries served by the ESGP-funded program.

If there is more than one beneficiary type, list the groups in order of program priority.

KEY:	Priority
UW = Unaccompanied Women	1.
UM = Unaccompanied Men	2.
SPF = Single Parent Families	3.
TPF = Two Parent Families	4.
AC = Adult Couples without Children	5.
UFY = Unaccompanied Female Youth Under 18	6.
UMY = Unaccompanied Male Youth Under 18	7.
A = Any	8.

Enter in the SPECIFIC target population, if any: (eg. Veterans, Dually Diagnosed, Chronically Homeless)

SPECIFIC Target Population:	1.	2.

Does the Agency --	Y/N & Name (if applicable)
Have employed/salaried homeless/formerly homeless Indivs in its ESG-funded Program?	
Have policies which directly involve homeless/formerly homeless Indivs in decision making process (eg. homeless representation on Board)?	
Involve homeless/formerly homeless Indivs in the provision of supportive services to other clients?	
Have a specific procedure/form which assesses "client satisfaction" with the program at discharge?	
Utilize homeless individuals in the maintenance responsibilities of the facility (non-salaried)?	

Services (Page 3 of 6)

Please indicate all services provided to homeless clients of the SHP-funded program.

Where applicable, indicate if they are:

a) Service is directly provided by the agency to clients?

b) Clients are referred to another agency for this service (Mainstream services)?

c) If clients are referred to another agency, is a WRITTEN agency agreement in place?

d) Is this service to be funded by the ESGP-request under review?

PLEASE ANSWER Y(Yes) or N(No) TO EACH OF THE FOLLOWING!

	a) Agency Directly Provides	b) Clients Referred Elsewhere (Mainstream)	c) Written Agency Agreement	d) Is Service ESGP-funded
1. Case Management				
2. Health/Medical				
3. Job/Employment				
4. Transportation				
5. Mental Health				
6. Legal				
7. Education (GED, ESL)				
8. Child Care				
9. Substance Abuse				
10. Housing Search				
11. Domestic Violence Counseling				
12. Youth Services				
13. Outreach				
14. Rental/Utility Assistance				
15. Other (Specify)				
16.				
17.				
18.				
19.				
20.				
21.				
22.				
23.				
24.				
25.				

Staffing (Page 4 of 6)

Please complete the following chart on your ESGP-funded program.

Note: If salary costs are not supported with ESGP funds, this section may be left blank.

Names of Staff funded with ESGP Fund	FT/ PT	Job Title	Annual Salary	% of employee's time funded by ESGP	# of Clients Served Point in Time by SHP-funded position
Supportive Service: (eg. John Doe	FT	Employment Case Manage	######	50%	10)

The agency should attach the following items to its Evaluation Form response.

→ Job Descriptions for staff funded by ESGP

→ Organizational Chart

Application Contact Information:

Agency Director:

Name and Title of Person Completing this Form:

Email Address:

Mailing Address:

    Street Address

    City/Town, State and Zip Code

Phone Number:

Fax Number:

Agency's Federal ID Number:

Complete the following chart for your ESG-FUNDED PROGRAM.
Please be as specific as possible on Budget Items.

Category	Budget Item (Specify)	Annual Program Expenditures	ESGP Portion	Match (y/n)	Funding source (s) for ESGP Match
Rehabilitation	(eg. Windows)	$12,000	$10,000	y	DHS)
Supportive Services	(eg. Case Management	$50,000	$20,000	y	HRC, DHS)
Homeless Prevention	(eg. Rental Assistance	$10,000	$10,000	y	Fundraising)
Operating	(eg. Electricity	$2,000	$1,000	y	MHRH)
APPLICATION TOTAL					

Shaded areas should not be changed

Fundraising:

Has your agency adopted a fundraising plan?   **Yes   No**
Does your agency have staff devoted to fundraising and grant writing? **Yes   No**
                                                              (Circle One)

What %age of your Agency's Budget is from non-government (Federal/State/Local) sources? _____

What additional resources or technical support is needed to develop your agency's fundraising/grant writing capacity?

_____

_____

_____

The agency should attach the following item to its Application.

☆   Agency's Operating Budget

Attachments (Page 6 of 6)

Please make sure the following items are attached to your application.

1.   **Resolution of the Board of Directors or other body of the eligible shelter owner authorizing participation in the Emergency Shelter Grants Program.**

2.   **Signed copy of the "Certification and Assurances" (Attached).**

3.   **Approval by local City/Town government .**
        (Form attached for your convenience)

OPTIONAL: Let us know how we can make this application process/form easier for you:

Return applications to:

> **Michael Tondra**
> **Municipal Affairs, Community Development**
> **One Capitol Hill - 3rd Floor**
> **Providence, R.I. 02908-5873**
> **(401) 222-4411**
> **MTondra@doa.state.ri.us**

APPLICATIONS MUST BE IN THE HANDS OF MA/CD STAFF BY 3:30PM April 25, 2005.
NO EXCEPTIONS! THIS OFFICE IS NOT RESPONSIBLE FOR APPLICATIONS LOST IN THE MAIL.